

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SPECIAL OPERATIONS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00523241
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2014
Mailing Address 915 KING STREET 2ND FLOOR		Amount 32500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA PLACEMENT	Category/Type 004	Transaction ID : SE.71852 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate RYAN K ZINKE		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 102076.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT HOMMEL

[Electronically Filed]

Date

MM / DD / YYYY
05 / 20 / 2014

Signature